

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155049</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/17/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1630 S COUNTY FARM RD WARSAW, IN 46580</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/17/13</p> <p>Facility Number: 000017 Provider Number: 155049 AIM Number: 100273830</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and areas open to the corridors. Battery operated smoke detectors have been installed in the resident rooms. The facility has a capacity of 137 and had a census of 84 at the time of this survey.</p> <p>All area where the residents have customary access are sprinklered. The facility had a detached maintenance supply shed, a generator shed and a fire pump building providing facility</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 services which were not sprinklered.			K 000			
K 029 SS=E	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/23/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the corridor door to 1 of 3 shower rooms used for storage of soiled linens, therefore creating a hazardous area, was provided with a door that would self close and latch into the frame. This deficient practice could affect any of the 15 residents on the Rehabilitation hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director, the Administrator and the Administrator</p>			K 029			

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K 029	Continued From page 2 in Training on 01/17/13 at 12:03 p.m., one barrel full of soiled linen and two additional empty barrels were stored in the Rehabilitation hall shower room. This shower room corridor door lacked latching hardware and did not latch into the door frame. Based on an interview with the Maintenance Director at the time of observation, soiled linens are stored in these barrels until they are taken by the laundry staff to the laundry room.	K 029			
K 076 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 5 of 7 compressed oxygen cylinders were properly restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b)27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect any residents	K 076			

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K 076	Continued From page 3 in the Windsor 2 lounge with a seating capacity of 10.  Findings include:  Based on an observation with the Maintenance Director, Administrator and the Administrator in training on 01/17/13 at 12:40 p.m., there were five unsupported "E" cylinder of compressed oxygen in the first oxygen storage room on the left as viewed from the Windsor 2 nurses' station. This was acknowledged by the Maintenance Director and the Administrator at the time of observation.  3.1-19(b)	K 076			